

CHAPTER 4
SECTION 18.5

FETAL SURGERY

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I. DEFINITION

Fetal surgery is defined as an intervention consisting of opening of the gravid uterus (by either a traditional cesarean surgical incision or through single or multiple fetoscopic port incisions), surgically correcting a fetal abnormality, and either returning the fetus to the uterus (or restoring uterine closure, if the intervention has been accomplished without removal of the fetus) for completion of gestational development.

II. POLICY

A. Fetal surgery is covered for the following indications:

1. Prenatal surgical intervention consisting of vesicoamniotic shunting in fetuses with hydronephrosis due to bilateral urinary tract obstruction together with evidence of progressive oligohydramnios and evidence of adequate renal function as generally defined by normal urinary electrolytes, and with no other lethal abnormalities or chromosomal defects.
2. Prenatal surgical intervention of temporary tracheal occlusion of congenital diaphragmatic hernia (CDH) for fetuses with a prenatal diagnosis of CDH, gestational age of less than 25 weeks at time of diagnosis, and with evidence of liver herniation, and other indicators of poor prognosis, such as a low lung-to-head ratio.
3. Prenatal intervention of either an open in-utero resection of malformed pulmonary tissue or placement of a thoraco-amniotic shunt in cases of hydrothorax or large cystic lesions for fetuses congenital cystic adenomatoid malformation or extralobar pulmonary sequestration, who are of less than 32 weeks' gestation and who have evidence of progressive hydrops, placentomegaly and/or the beginnings of maternal mirror syndrome.
4. Twin-twin transfusion syndrome, gestation age of less than 25 weeks' gestation at the time of diagnosis.
5. Sacrococcygeal teratoma in the presence of fetal hydrops and/or placentomegaly in fetuses with less than 28 weeks of gestation.

B. Other conditions when determined by medical review to be medically necessary and appropriate treatment for the patient's medical condition and that reliable evidence has established in-utero surgery as safe and effective treatment.

III. CONSIDERATION

The Department of Defense In-Utero Fetal Surgical Repair of Myelomeningocele Clinical Trial Demonstration Project can be referenced in the TRICARE Operations Manual, Chapter 20, Section 3.

IV. EXCLUSIONS

A. The in-utero repair for myelomeningocele and aqueductal stenosis.

B. In-utero surgery for other conditions for which the safety and effectiveness has not been established.

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